



City of Wichita
Department of Finance
Controller's Office
City Hall - 12th Floor
455 N. Main Street
Wichita, KS 67202

Phone: (316) 268-4651
Fax: (316) 268-4656

VENDOR REGISTRATION FORM (NON-BIDDER)

Please complete and return this form as soon as possible. Payment cannot be made until it is returned. The following information is being requested in order to comply with the reporting requirements for the City of Wichita's financial system. If you are dealing with the City as an individual, please complete the Individual Information section. If you are dealing with the City as a business, please complete the Company Information section.

INDIVIDUAL INFORMATION - PLEASE PRINT
Individual's Name
Social Security Number

COMPANY INFORMATION - PLEASE PRINT	
Company Name:	Owner's Name (if Sole Proprietor):
Mailing Address (Street / P.O. Box, City, State & Zip):	
Remittance Address (if different than above):	
Federal I.D. (FEIN) #:	OR SSN #:
Type of Business:	Other (please explain):
Minority Owned Business (MBE)? (check if yes)	
If yes, please select one:	Other (list):

Upon completion of the appropriate section, please sign and date below and return this form to the address above. If you have any questions, please call Bill Miller at (316) 268-4651.

I hereby certify that the information supplied herein is true and correct.

Signature of person filling out this form

Date